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AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|-----------------------|------------------------------|
| Control Number(s) | 90/012,635 |
| Filing Date(s) | 06/14/2012 |
| First Named Inventor | Robert Ward Carter |
| Title | DEVICE AND METHOD FOR TRENCH |
| Patent Number | 6308880 |
| Examiner Name | |
| Attorney Docket No(s) | 80-11373 |

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
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I am the:

☐ Inventor, having ownership of the patent being reexamined.

OR

☒ Patent owner.

Statement under 37 CFR 3.72(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature

Name

Date

Telephone

Firm and Company

NOTE: Signatures of all two inventors or patent owners of the instant interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the request of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22304-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.

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